



AF/IFW

MAIL STOP AF
PATENT
4501-1014

IN THE U. S. PATENT AND TRADEMARK OFFICE

In re application of

Robert Bartlett ELLIOTT et al. Conf. 8690

Application No. 10/019,506 Group 1654

Filed: May 10, 2002 Examiner R. Winston

TITLE: PROPHYLACTIC DIETARY SUPPLEMENT
BASED ON MILK

LETTER SUBMITTING SUPPLEMENTAL APPLICATION DATA SHEET

Assistant Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

August 2, 2005

Sir:

We enclose herewith the substitute Application Data Sheet (ADS), changing the street address for the second inventor, Michael Lewis TATE, from 4 McCrea Street to 49 Glendining Avenue.

No new matter is added.

Respectfully submitted,

YOUNG & THOMPSON

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(703) 979-4709

RJP/jlw



Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	ANIMAL GENOTYPING METHOD
Attorney Docket Number::	4501-1014
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	15
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: NEW ZEALAND
Status:: Full Capacity
Given Name:: MICHAEL AH
Middle Name::
Family Name:: LEE
Name Suffix::
City of Residence:: WARRINGTON
State or Province of
Residence::
Country of Residence:: NEW ZEALAND
Street of Mailing 10 HILL ROAD
Address::
City of Mailing Address:: WARRINGTON
State or Province of Mailing Address::
Country of Mailing Address:: NEW ZEALAND
Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: NEW ZEALAND
Status:: Full Capacity
Given Name:: MICHAEL LEWIS
Middle Name::
Family Name:: TATE
Name Suffix::
City of Residence:: DUNEDIN
State or Province of
Residence::
Country of Residence:: NEW ZEALAND
Street of Mailing ~~4-MCCREA-STREET-~~ **49 Glendining Avenue**
Address::
City of Mailing Address:: DUNEDIN

State or Province of Mailing Address::

Country of Mailing Address:: NEW ZEALAND

Postal or Zip Code of Mailing Address::

Correspondence Information

Correspondence Customer 00466

Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/NZ03/00102	5/23/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
NEW ZEALAND	519166	5/24/02	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::